

Vasectomy Central

No-Scalpel Vasectomy Consent Form



Initials

- I understand that vasectomies are considered a permanent form of contraception (birth control). _____
- I understand that vasectomies can be reversed in some cases, but that achieving a successful pregnancy after a reversal is not guaranteed. _____
- I have considered sperm storage and I have/ have not stored sperm. (circle one) _____
- I understand that there are no absolute guarantees that this procedure will be successful. _____
- I have followed the pre-op instructions in preparation for this procedure. _____
- I have watched the "No-Scalpel Vasectomy Counselling" video in its entirety. _____
- I have reviewed, to my satisfaction, the reasonable alternatives to a vasectomy. _____
- I am choosing to have a vasectomy out of my own free will. _____
- I have discussed having a vasectomy with my partner and she/he is supportive of this decision. _____
- I've had an opportunity to ask questions and my all my questions were answered to my satisfaction. _____
- I understand that I need to use back up contraception until 12 weeks post vasectomy, I've had 20 ejaculations and until I have had a negative semen sample. _____
- I understand the general risks of the procedure including, but not limited to: _____
 - Hematoma (blood clot) < 2%
 - Infection <2%
 - Pain 5%
 - Post-vasectomy pain syndrome 1-2%
 - Swelling 5 %
 - Early failure 1/3500
 - Late failure 1/2000

Name: _____

Physician: _____

Witness: _____

Signature: _____

Signature: _____

Signature: _____

Date: _____